



2021 CRP, Certificate of Rent Paid

Renter/Unit Information

Renter First Name and Initial _____		Renter Last Name _____	Electronic Certificate Number (ECN) _____	
Rental Unit Address _____		Unit _____	Rented from (MM/DD/YYYY) to (MM/DD/YYYY) _____	
City _____	State _____	ZIP Code _____	Total Months Rented _____	Total Adults Living in Unit _____

Property Information

Place an X if the property is:

(1) Adult Foster Care
 (2) Assisted Living
 (3) Intermediate Care Facility
 (4) Nursing Home
 (5) Mobile Home
 (6) Mobile Home Lot

Property ID or Parcel Number _____

Number of Units on This Property _____

Rent Details

A. Was any rent paid by Medical Assistance (see instructions)? (A) Yes No If yes, enter amount: A ■ _____

B. Did the renter receive Minnesota Housing Support (formerly GRH)(see instructions)? (B) Yes No If yes, enter amount: B ■ _____

Total Rent

1 Renter's share of rent paid (see instructions) 1 ■ _____

2 Caretaker rent reduction (see instructions) 2 ■ _____

3 Total rent (Add lines 1 and 2) 3 ■ _____

Property Owner

Property Owner Name _____ Daytime Phone _____

Property Owner Address _____ City _____ State _____ ZIP Code _____

Sign Here

I declare that this certificate is correct and complete to the best of my knowledge and belief.

Owner or Agent Signature _____ Date (MM/DD/YYYY) _____

Managing Agent Name, If Applicable (please print) _____ Daytime Phone _____

Renter Instructions

Use this certificate to complete Form M1PR, *Homestead Credit Refund (for Homeowners) and Renter's Property Tax Refund*. When you file Form M1PR, you must attach all CRPs used to determine your refund. Keep copies of Form M1PR and all CRPs for your records.

Note: The property owner or managing agent must give each renter living in a unit a separate CRP showing that they paid an equal portion of the rent, regardless of the portion actually paid.

For forms and tax-related information, go to our website at www.revenue.state.mn.us, or call 651-296-3781 or 1-800-652-9094.